## WILLIAMSON COUNTY DEPARTMENT OF SEWAGE DISPOSAL MANAGEMENT AS-BUILT DOCUMENTATION FORM

| Construction Permit Issued to:  |          |        |         |            |           |           |           | Type of Subsurface Sewage Disposal System Installed: |   |             |            |                          |                |         |  |
|---|----------|--------|---------|------------|-----------|-----------|-----------|--|---|-------------|------------|--------------------------|----------------|---------|--|
|   |          |        |         |            |           |           |           | C  | onventi   | onal Svste  | m (check a | II that apr              | oly to said s  | vstem): |  |
|   |          |        |         |            |           |           |           |  |   | avity Flow, | (51155115  |                          | Serial Dist    | · · ·   |  |
| Subdivision Name and Lot Number:  |          |        |         |            |           |           |           |  | EAS/Pump System,  |             |            |                          | Recirculating, |         |  |
|   |          |        |         |            |           |           |           |  | -   |             |            | _                        | Alternating    |         |  |
|   |          |        |         |            |           |           |           |  | Distribution Box (D-Box), Alternating Valve Pressure Distribution Manifold (PDM), |             |            |                          |                |         |  |
| Complete and Full Address of SSDS Installation Site:  |          |        |         |            |           |           |           |  | -   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  | Effluent Brake Device (EBD).  LPP System  |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   | andard      |            | Mod                      | lified         |         |  |
| Name of Licensed Installer (Print):   |          |        |         |            |           |           |           | М  | ound S  |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  | $\overline{}$   | andard      |            | Modified/Experimental    |                |         |  |
|   |          |        |         |            |           |           |           |  |   | rmation     | I          | 1 1                      | <u>'</u>       |         |  |
| For All EAS Systems, List Pump Specifications and Pump Manufacturer:  |          |        |         |            |           |           |           | Septic Tank  |   |             |            | Pump Tank                |                |         |  |
|   |          |        |         |            |           |           |           |  | Liquid Capacity of Tank:  |             |            | Liquid Capacity of Tank: |                |         |  |
| THE INSTALLER SHALL ATTACH TO THIS FORM:  |          |        |         |            |           |           |           |  |   |             |            | ' ' '                    |                |         |  |
| For All EAS System Installations; Attach a Copy of Receipt for Pump Purchase For All EAS System Installations; Attach a Copy of Receipt for Pump Purchase For All EAS System Installations; Attach State Electrical Inspection Tag/Form |          |        |         |            |           |           |           | Manufactured by:                                     |   |             |            | Manufactured by:         |                |         |  |
| For Mound System Installations, Attach a Copy of Receipt for All Sand Purchases   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        | Ske     | tch of Su  | sal       | Syste     | em by Ins | staller  | •   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
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|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
| The Sub   | osurface | Sewage | Disposa | al Systen  | n Descril | oed on th | nis Form  | W  | as Co   | nstructe    | d by:      |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        |         |            |           |           |           |  |   |             |            |                          |                |         |  |
|   |          |        | (Signa  | ature of I | icensed   | Installe  | -)        |  |   |             |            | (Date)                   |                |         |  |